MULTISYSTEMIC THERAPY - FAMILY INTEGRATED TRANSITIONS (FIT)

FIT is an intensive, in-home model to help families of youth on parole to re-enter the community following an out of home placement.

Target Population

Youth who are DCF committed delinquents aged 12 - 17.5 year old (on parole) who are discharging from an out-of-home placement & returning home to live with a caregiver. Some 18 y/o's with approval from the supervisor & team consultant.

Referral and Service Initiation

- Referrals are made at a minimum of 90 days before the youth is to be discharged from the residential or CJTS (CT Juvenile Training School) placement.
- Referrals are made by the DCF Juvenile Justice Social Worker (JJSW) or the CJTS/residential clinician by sending a completed RAFT (MDFT-Reentry & Family Treatment)/FIT referral form and signed releases of information to Central Office. The referral documents are then sent to Wheeler Clinic, who determines which program (RAFT or FIT) better meets the needs of the youth.
- When a youth and family are accepted for services, an initial intake interview will be conducted in the child/adolescent's home within 48 hours of the referral, if services are to begin soon. If discharge is more than 90 days from the referral, a call is made to the JJSW to discuss the process when the discharge occurs.

Caseload and Length of Service

Caseload = 5 per FTE clinician. The average length of service begins two months prior to the youth being released from a juvenile incarceration facility and continues for a total of up to six months following release.

The Contractor will provide:

- o a minimum of 3 home visits per week.
- o FIT services can be extended up to one month if DCF parole, FIT program manager and the FIT QA consultant agree.

Services and Interventions

- The treatment approach is derived from Multisystemic Therapy (MST), which is a scientifically validated, costeffective, and intensive family preservation model of community based treatment that addresses anti-social behavior in juvenile offenders.
- The FIT program adds a skill training component to MST, coaching parents to practice proven parent effectiveness skills, and coaching the whole family in emotion regulation skills, specifically skills derived from Dialectic Behavior Therapy (DBT) and Relapse Prevention.
- FIT incorporates principles of Motivational Enhancement Therapy (MET) to increase the motivation of youth and family to engage and remain in treatment and to reduce chemical dependency.

Crisis Response

Support to families in crisis on their active caseload occurs 24 hours per day, seven days a week including weekends and holidays by a FIT clinician who is on call.